

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*RM-11256

Ms. Linda Crawford
Waukomis Broadcasting
3500 Maple Ave
Suite 1320
Dallas, TX 75219

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Kathy Castro 7-21-05

C. Signature

X Kathy Castro ☒ Agent ☐ AddresseeD. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7003 1010 0002 4028 3027

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

DOCKET NO. RM-11256

7003 1010 0002 4028 3027

Cyc 203

CERTIFIED

JUL 18 2005

MAIL

FCC-MAILROOM

REQUESTED

*RM-11256

Ms. Linda Crawford
Waukomis Broadcasting
3500 Maple Ave
Suite 1320
Dallas, TX 75219

C. R. R. NO.

Y

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

OFFICIAL USE

DALLAS TX 75219

Postage	\$ 0.37
Certified Fee	\$ 3.30
Return Receipt Fee (Endorsement Required)	\$ 1.75
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 5.42

27 Postmark Here

07/18/2005

Sent To

Linda Crawford
Street, Apt. No.;
or PO Box No. 3500 MAPLE AVE #1320
City, State, ZIP+4 DALLAS TX 75219

PS Form 3800, June 2002

See Reverse for Instructions

7003 1010 0002 4028 3027